



Attorney's Docket No.: 42P9470

Patent

In re the Application of: Sarangi et al.

(inventor(s))

Application No.: 09/746,168

Filed: December 22, 2000

For: DYNAMIC PROCESSOR CONFIGURATION AND POWER-UP
(title)

Mail Stop Amendment
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SIR: Transmitted herewith is a Response and Amendment for the above-referenced application.

Applicant claims small entity status. See 37 CFR 1.27.

XX No additional fee is required.

Technology Center 2100

The fee has been calculated as shown below:

| | (Col. 1) | | (Col. 2) | (Col. 3) |
|------------------|--|-------|---------------------------------------|------------------|
| | Claims Remaining After Amd. | | Highest No. Previously Paid For | Present Extra |
| Total Claims | * 20 | Minus | ** 20 | 0 |
| Indep. Claims | * 5 | Minus | *** 5 | 0 |
| | First Presentation of Multiple Dependent Claim(s) | | | |

| SMALL ENTITY | |
|-------------------|-------------------|
| Rate | Additional Fee |
| X9 | \$ |
| X43 | \$ |
| +145 | \$ |
| Total Add. Fee | \$ |

| OTHER THAN A SMALL ENTITY | |
|------------------------------|-------------------|
| Rate | Additional Fee |
| X18 | \$ 0 |
| X86 | \$ 0 |
| +290 | \$ |
| Total Add. Fee | \$ 0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING BY FIRST CLASS MAIL (if applicable)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

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Date

_____ A check in the amount of \$ _____ is attached for presentation of additional claim(s).
_____ Applicant(s) hereby Petition(s) for an Extension of Time of _____ month(s) pursuant to
37 C.F.R. § 1.136(a).

_____ A check for \$ _____ is attached for processing fees under 37 C.F.R. § 1.17.

_____ Please charge my Deposit Account No. 02-2666 the amount of \$ _____.

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X Any additional filing fees required under 37 C.F.R. § 1.16 for presentation of
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X Any extension or petition fees under 37 C.F.R. § 1.17.

Date: August 6, 2004

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